groups. It is geared to serve as an aid in opening new horizons for youngsters, helping them to appraise their own interests and abilities and finding the career that is right for them.

Mr. Speaker, I should like to call to the attention of my colleagues and all Americans, this program and the outstanding contribution the Boys' Clubs of America is making, and will no doubt further make in its program, Operation Lift Up to the youngsters of our Nation particularly with regard to their school activities and search for a proper place in our society. Boys' Clubs of America, which is chartered by Congress, is again worthy of our commendation.

PHYSICIAN'S COMMITTEE FOR THE AGED THROUGH SOCIAL SECURITY

(Mr. CURTIS (at the request of Mr. ALGER) was granted permission to extend his remarks at this point in the RECORD and to include extraneous matter.)

Mr. CURTIS. Mr. Speaker, a group of physicians, under the name of Physicians Committee for Health Care for the Aged Through Social Security, has sent Members of Congress a pamphlet in support of H.R. 3920 and S. 880. This pamphlet, which seeks to influence Members of Congress and the public on this legislation, contains many misleading and inaccurate statements as well as assumptions unsupported by evidence.

The very title of the pamphlet is deceptive: "Why Physicians Support Hospital Insurance for the Aged Through Social Security." Members of Congress are sufficiently well informed to realize that only a few physicians support this legislation. But the title of the pamphlet could well deceive many people not so well informed into believing that the medical profession favors the proposal. It seems reasonable to assume that these words were carefully chosen in an attempt to conceal the fact that out of more than 271,000 physicians in the country only 40 have expressed a willingness to be identified with this committee or to become signatories to a pamphlet of this kind.

The opening statement that "physicians have long been concerned because the elderly of our Nation live in fear of the catastrophic costs of hospitalization" is a blatant appeal to emotionalism and is totally out of context.

Physicians, more than anyone else except the aged themselves, know, or should know, that the prospect of being hospitalized is of less concern to the majority of older Americans than many other aspects of living during retirement years. This is not to say that they have no concern about the possible economic consequences of illness. Indeed they do, as evidenced by the fact that some 60 percent of the population over 65 now has health insurance protection. Nearly 10 million aged have health insurance, a half million have incomes of $10,000 a year or more, more than 2 million receive medical care under the old-age assistance program, and more than 120,000 a month avail themselves of the benefits of the Kerr-Mills law. These facts alone reveal the absurdity of the portrait of the aged as a monolithic 17½ million-member group of citizens perpetually haunted by the fear of the cost of hospitalization—not hospitalization itself, but its cost.

The American Medical Association and State and county medical societies as well as myself and others in public life for several years have sought evidence of individuals in this country being denied medical care because they cannot pay for it. The AMA has twice asked Members of Congress for any information of cases of this kind so that the needed medical care can be provided and Members of Congress, including myself, have in turn asked our constituencies for such information. Hundreds of county societies have advertised in newspapers soliciting such information and pledging help to anyone who needs it. Only a few cases have been brought to the attention of the profession or the Congress and in most instances these cases turned out not to be examples which King-Anderson type legislation would help.

A subsequent statement in this pamphlet builds upon the first overstatement; namely, that "physicians know that because of this fear—of hospital costs—many older people who need hospital care do not get it at all or get it too late."

If these 40 physicians, most of whom are associated with hospitals, clinics, or health care plans, can say unequivocally that they know that many older people are not receiving needed hospital care solely because of financial fears, they must have concrete evidence of it, including circumstances and names. And if they have, it is incredible that they do not provide these people with the hospitalization they need or call the cases to the attention of others who will.

Members of this committee, in a number of instances such as these, have made unqualified statements without benefit of supporting evidence, or have utilized the device of selective statistics to reinforce their arguments.

Health insurance and prepayment plans are indicated in the pamphlet as inadequate or too costly for the elderly. The physicians who attached their names to this pamphlet, however, offer no standard for measuring adequacy and, if they have one, do not apply it against policies the aged are buying. The fact that some 10 million of the aged have purchased health insurance would seem to demolish the argument that it is too costly.

The Kerr-Mills Act is dismissed as having clearly failed to meet the needs of any but a vey few of the very neediest aged. Other erroneous or misleading statements made about Kerr-Mills include:

1. Less than 7 out of every 1,000 aged people in the Nation (in the spring of 1963) were receiving any assistance under MAA.

2. Kerr-Mills funds are used in large part to subsidize existing State relief programs.

3. Benefits are generally meager, spotty, and often uncertain. In many instances, limited State tax resources and high cost of good care have resulted in the use of facilities that endanger health and safety.

4. Administrative costs have run as high as 124 percent of the benefits in one State (Kentucky).

5. The relief that is available is given only after resources are used up and incomes are permanently reduced.

6. Relatives with modest incomes may even be taken to court and forced to give aid.

Whoever wrote this pamphlet evidently avoided an examination of the Kerr-Mills record. This record, which is available from the Department of Health, Education, and Welfare, is not one of largely subsidizing State relief programs or helping only very few of the very neediest aged.

Only about 30 percent of MAA recipients have been transfers from other programs, mainly old-age assistance. Nevertheless, OAA medical care payments have steadily increased since the Kerr-Mills Act became effective, and in addition to MAA benefits as of May 1963, were running at the rate of nearly $350 million a year. The statistic that only 7 out of 1,000 aged were receiving MAA assistance is deceiving. The fact is that by the spring of 1963, about 7 in 1,000 were being helped every month.

It would seem obvious that most of the very neediest aged were still receiving medical care through OAA now as in the past and that the bulk of MAA expenditures—nearly $29 million in May 1963—are being paid for assistance to aged who are not on OAA rolls.

Furthermore, since a majority of the aged live in States which have implemented Kerr-Mills, a figure of 7 of 1,000 may well be a measure of the need for such an assistance program for the aged rather than an indication of failure as this pamphlet suggests.

States with Kerr-Mills programs may be interested in the charge that they are administering them in some instances in a manner actually endangering the health and safety of the aged. This charge, like other charges in the pamphlet, is not documented.

So far as Kentucky is concerned, elementary principles of fair play should dictate that this State's experience with Kerr-Mills administrative costs should be examined on the basis of current facts. Administrative costs in Kentucky now are reported to be running under 5 percent.

The statement is simply not true that Kerr-Mills assistance is available "only after resources are used up and incomes are permanently reduced." All the State laws are designed to conserve the recipient's minimum resources and no State requires permanent reduction of income. Resource and income limits are measures of eligibilty, intended to assure that tax funds will not be dissipated on those able to finance their own health care. The aged who are eligible suffer no loss of income from the operation of the Kerr-Mills program. On the contrary, their incomes are preserved, not reduced. A number of States, as they have gained experience with Kerr-Mills programs, have increased the resource and income limits and thus brought benefits to greater numbers of the aged.

The charge that relatives with "modest incomes" may be taken to court

is patently a scare technique. Fewer than half the States with Kerr-Mills programs functioning in January this year had relative responsibility laws. None of these laws is designed to force those with "modest incomes" to contribute to support of relatives. Their own incomes and financial obligations are taken into consideration in determining their ability to assist. It is interesting that the pamphlets says relatives "may" be taken into court, not that they are. Consequently, it must be concluded that the sentence is intended to frighten the uninformed.

The pamphlet describes the hospitalization program proposed in H.R. 3920 and S. 880 as insurance, with benefits to be paid as "a matter of earned right." Everyone familiar with the Social Security law knows that current taxes pay current benefits and that an individual's payroll taxes are not set aside for his future benefit. The Internal Revenue Service considers social security benefits as gifts from one group of taxpayers to another and are therefore not taxable. The "earned right" contention implies a contract between recipient and the Government. There are, of course, obvious flaws in such reasoning. More than 17 million aged who would be entitled to benefits of this legislation immediately, for example, could not claim an earned right, since they would have paid nothing under the program. Furthermore, these 17 million would comprise the majority of eligibles for many years to come. More important to this argument, however, is the implication that Congress would be foreclosed from amending the law, once enacted, to reduce benefits. This, of course, is nonsense. Moreover, the solvency of the Social Security System rests, not on actuarial insurance principles, but on the power of Congress to levy taxes and the further power of Congress to reduce benefits as an alternative to increasing taxes if the program runs into serious financial trouble.

The writer of the pamphlet has in other respects been careless with facts, stating that the proposed legislation would "permit voluntary organizations, such as Blue Cross, to perform certain administrative functions," would "utilize State agencies in planning, in determination of eligibility of providers of services and in consultation to the providers" and would guarantee free choice of physician and hospital.

Private organizations could not on their own initiative step in and perform administrative functions. They could enter the picture only if invited by providers of services and then only by agreement with the Secretary of Health, Education, and Welfare on his terms. State agencies could become involved in all the functions mentioned only on the Secretary's request.

Free choice could not be guaranteed to all the aged eligible for benefits, despite the language of the legislation. Services would be available only in those institutions participating in the program under agreement with HEW. Free choice, as used in this pamphlet and in the legislation, could be guaranteed to the recipient only if every hospital and every nursing home and every home nursing agency was forced to participate.

One final observation should be made. The Physicians Committee for Health Care for the Aged Through Social Security has by submitting this pamphlet to Members of Congress become directly engaged as an organization in lobbying. Has it complied with the law and registered as a lobbyist? I find no record of this.

I shall have more to say about this physicians committee when I complete my investigation of its memberships' extensive participation in Federal research grant programs and in other programs utilizing Federal funds.

OTTO OTEPKA

(Mr. KYL (at the request of Mr. ALGER) was granted permission to extend his remarks at this point in the RECORD and to include extraneous matter.)

Mr. KYL. Mr. Speaker, I do not know Otto Otepka I have never met Otto Otepka, nor his lawyers. I do know that for many years one Otto Otepka, GS–15, served his Government as supervisory personnel security specialist in the office of Deputy Assistant Secretary for Security, Department of State, rising to the post of Deputy Director of the Office of Security, a post from which he has since been demoted without fault on his part. Mr. Otepka had "excellent" efficiency ratings and special commendations for his work in that assignment. On September 23, 1963, he was charged with conduct unbecoming an officer of the State Department. His alleged offense was that he talked. But he did not talk to just anyone. He talked to an authorized agent of the U.S. Senate Subcommittee to Investigate the Administration of the Internal Security Act and Other Internal Security Laws. Of greater significance was the fact that the information he gave to said committee was contrary to testimony given that body by other, but higher ranking State Department officials. It should also be mentioned that Mr. Otepka had testified many times before that Senate committee under oath with the knowledge and permission of the Department and on occasion he found that some of his statements were not consistent with other statements made by others who were also under oath. The Senate investigators and Mr. Otepka probably were interested in somehow arriving at the truth.

There are at least two aspects of this proposition which merit attention of the House as well as the Senate. First, there is the obvious fact that congressional investigations cannot achieve any worthwhile purpose whatsoever if every officer of the State Department can invoke executive privilege to prevent testimony. Nor can the committees of Congress ever hope to arrive at the truth in their investigations if every employee who deals with specific subjects must live in fear that his assistance to such committees will cause his dismissal.

Suppose Mr. Smith supervises Mr. Jones and Mr. Smith testifies before a congressional committee under oath. Mr. Jones knows that his superior's testimony was not true. Does Mr. Jones go to Mr. Smith and ask, "May I give the committee evidence that you did not tell the facts as they actually existed?"

A second subject of import is embodied in the apparent dual standard of justice enforced too frequently by administrative officials.

The Congress passed legislation to help guarantee security of the United States. The Congress felt, for example, that there are instances in which it might be difficult to prove in open court that a certain person might be of danger to the United States. The law was designed to give certain discretionary powers to deny passports when there was good reason to suspect the subversive nature of an applicant. It was the interest of the Nation that Congress sought to protect.

However, this law has been turned 180° by the State Department. The law is now simply used to protect the interest of the applicant. Department policy dictates that passports should not be denied unless the facts showing subversive acts or connections can be proved in open court. A person denied the passport has the right to see all the evidence on which a decision has been made.

However, in the case of Otto Otepka, State Department employee and unquestioned loyal citizen of the United States, such access to the records is not accorded. His counsel has been refused the right to view all the evidence. Remember, he has not been charged with disloyalty to the country. The charge against him is "conduct unbecoming an officer of the State Department."

This charge becomes more interesting in view of the revelation that one Herbert K. May, Deputy Assistant Secretary of State for Inter-American Affairs recently was allowed to submit his resignation, which was accepted by the administration with the usual profound regrets, in spite of the fact that Mr. May forgot to file income tax returns from 1953 to 1961. Was Mr. May's negligence "action unbecoming an officer of the State Department"?

Now it would seem that any standard of conduct for any department of Government should begin with honesty and that the benefit of doubt should be given to a man who has been commended on several occasions for a display of the fundamental wholesome characteristics. I am tempted to wonder whether Mr. Otepka's crime lies in his being dishonest or honest. Remember, I know Mr. Otepka only from the State Department's previous commendations.

It will be most difficult for Mr. Otepka or the Senate subcommittee to get any early answers to some questions which should be answered. Now that the case is pending, no one can say anything to anybody without violating an administrative order.

(Mr. WIDNALL (at the request of Mr. ALGER) was granted permission to extend his remarks at this point in the RECORD and to include extraneous matter.)